



# Disability

## InTandem

### A Disability Plan:

- Provides monthly disability income benefit as a result of off-the-job injury or sickness
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated

### What does disability coverage do?

Benefit	Description
Disability Benefit Amount	<ul style="list-style-type: none"> <li>• Minimum \$300 and maximum benefit of \$5,000 per month, not to exceed 40% of base monthly income.*</li> </ul>
Plan Design	<ul style="list-style-type: none"> <li>• Injury &amp; Sickness – Provides coverage for disability caused by either an accidental injury or sickness</li> </ul>
Benefit Period	<ul style="list-style-type: none"> <li>• Six month benefit period</li> </ul>
Elimination Period	<ul style="list-style-type: none"> <li>• Covers non-occupational coverage for injuries after 14 days and off the job sicknesses after 14 days of total disability. The number of continuous days, beginning with the first day of a total disability, before any monthly benefit is payable.</li> </ul>
Partial Disability	<ul style="list-style-type: none"> <li>• Pays 50% up to 6 months because of a covered sickness or injury, member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.</li> </ul>
Recurrent Disability	<ul style="list-style-type: none"> <li>• Recurs within 180 days of returning to work, elimination period will be waived</li> </ul>
Pre-Existing	<ul style="list-style-type: none"> <li>• If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 6 or 12 months of the policy               <ul style="list-style-type: none"> <li>○ 12/12 to age 64</li> <li>○ 12/6 to age 65+</li> </ul> </li> </ul>
Pregnancy	<ul style="list-style-type: none"> <li>• Treated as any other illness</li> </ul>
Waiver of Premium	<ul style="list-style-type: none"> <li>• Premium is waived if the employee is totally disabled for more than 90 days or the elimination period, whichever is longer.</li> </ul>

\*Members who participates in State Disability Insurance plan will be reduced as follows: CT/MA/NJ max. of 25%, HI,NY,RI max. 40%

Coverage issued guarantee issue up to \$4,000 at initial open enrollment and newly eligible employees. Late entrants subject to underwriting.

**IMPORTANT NOTICE:** This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8014

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